

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023792

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

383  
FILED JUL 11 1962

Primary Registration District No.

5655

Registrar's No.

127

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MT VERNON</b>		c. CITY OR TOWN <b>PIERCE CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. STATE SANATORIUM</b>		d. STREET ADDRESS <b>R# 1.</b>	
3. NAME OF DECEASED (Type or print) First <b>THEODORE</b> Middle <b>WILLIAM</b> Last <b>MATTLAGE</b>		4. DATE OF DEATH Month <b>7</b> Day <b>4</b> Year <b>62</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-24-03</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	
11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>HENRY MATTLAGE</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA WORM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		17. INFORMANT Address <b>MO. STATE SANATORIUM</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ADENO CARCINOMA OF LUNG</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ADENO CARCINOMA OF BOWEL</b>		2 years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:35</b> a.m. Month, Day, Year <b>4-18-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>MT. VERNON</b>	
20g. COUNTY <b>LAWRENCE</b>		20h. STATE <b>MO.</b>	
21. I attended the deceased from Death occurred at <b>8:35</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at <b>8:35</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>[Signature]</b> MD.		22b. ADDRESS <b>MT. VERNON</b>	
22c. DATE SIGNED <b>7-4-62</b>			
23a. BURIAL, CREMATION, or DATE REMOVAL (Specify) <b>Burial 7-6-62</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Freistadt Cemetery</b>	
23c. LOCATION (City, town, or county) <b>LAWRENCE Count., MO.</b>		23d. STATE <b>MO.</b>	
24. FUNERAL DIRECTOR <b>J. D. BUCHANAN, Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-9-62</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 12 1962

FEB 8 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.